

VOLUNTEER AGREEMENT FORM

Date signed

I/We _____ agree to formally adopt the
Name of individual or group

_____ on _____
Trail name or description Area name

for a period of 12 months beginning _____ .
Start date

I understand and accept the attached Adopt-A-Trail guidelines. I am undertaking this activity voluntarily and assume all responsibility for myself and those acting under my direction. Volunteers will hold the Missouri Department of Conservation, its agents and employees harmless, and shall indemnify the agency from any and all liability arising from any activity on the Conservation Area which is the subject of this Adopt-A-Trail agreement.

Individual or Group Leader _____
Print name

Signature

Address _____
Street City Zip

Phone (____) _____ **E-mail** _____

Area Manager _____
Print name

Signature

Office Address _____
Street City Zip

Phone (____) _____ **E-mail** _____

One copy to individual or group leader

One copy on file with Area Manager

One copy to Adopt-A-Trail Coordinator